

# Agenda Item Form

Agenda Date: 6-15-04

Districts Affected: N/A

Dept. Head/Contact Information: Jorge C. Magana, MD, FAAP

## Type of Agenda Item:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Resolution  | <input type="checkbox"/> Staffing Table Changes   | <input type="checkbox"/> Board Appointments        |
| <input type="checkbox"/> Tax Installment Agreements  | <input type="checkbox"/> Tax Refunds              | <input type="checkbox"/> Donations                 |
| <input type="checkbox"/> RFP/ BID/ Best Value Procurement                                      | <input type="checkbox"/> Budget Transfer          | <input type="checkbox"/> Item Placed by Citizen    |
| <input type="checkbox"/> Application for Facility Use  | <input type="checkbox"/> Bldg. Permits/Inspection | <input type="checkbox"/> Introduction of Ordinance |
| <input type="checkbox"/> Interlocal Agreements   | <input type="checkbox"/> Contract/Lease Agreement | <input type="checkbox"/> Grant Application         |
| <input checked="" type="checkbox"/> Other <u>Renewal Application - Texas Control Substance</u> |   |  |

## Funding Source:

- ☐ General Fund
- ☐ Grant (duration of funds: \_\_\_\_\_ Months)
- ☐ Other Source: \_\_\_\_\_

## Legal:

☒ Legal Review Required  
Denied

Attorney Assigned (please scroll down): Teresa Garcia

☒ Approved ☐

Timeline Priority: ☒ High ☐ Medium ☐ Low # of days: \_\_\_\_\_

## Why is this item necessary:

The application is a requirement to maintain current status of the Texas State Board of Medical Examiners License

Explain Costs, including ongoing maintenance and operating expenditures, or Cost Savings:  
None

## Statutory or Citizen Concerns:

\_\_\_\_\_

## Departmental Concerns:

\_\_\_\_\_

## RESOLUTION

### BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

**THAT** the Mayor be authorized to sign an Application for Renewal on behalf of the El Paso City-County Health and Environmental District. The Application for Renewal is used to renew the certificate of registration issued by the Texas Department of Public Safety under the Texas Controlled Substances Act.

**ADOPTED this 15th day of June, 2004.**

CITY OF EL PASO

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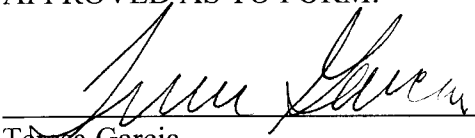
Joe Wardy  
Mayor

ATTEST:

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Richarda Duffy Momsen  
City Clerk

APPROVED AS TO FORM:



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Teresa Garcia  
Assistant City Attorney



# APPLICATION FOR RENEWAL

## Texas Controlled Substances Act, Chapter 481, Health and Safety Code

### IMPORTANT:

If all preprinted information is correct, and DEA No. and Board License No. are valid, complete **Part III, Item E**, sign and date **Item F** and return with the required fee unless exempt as indicated in **Part IV, Item G**. If any portion of preprinted information is incorrect, complete **Part II** and **Part III** entirely and return with the fee. Please follow the instructions on back of this application before attempting to complete.

YOUR CURRENT TEXAS  
REGISTRATION EXPIRES:

06/30/2004

REQUIRED FEE:

EXEMPT

## PART I PREPRINTED INFORMATION AS SHOWN IN CURRENT DPS RECORDS

MAGANA, JORGE CARLOS MD  
EL PASO CITY COUNTY HLTH/ENV DIST  
5115 EL PASO DRIVE  
EL PASO TX 79905

TX DPS Regist. No.

Fed. DEA Regist. No.

Drug Schedules

Exempt From Fee

(2, 2N, 3, 3N, 4, 5)

YES

Board License No.

Business Activity

D2897

PRACTITIONER

## PART II CHANGES IF NECESSARY - PRINT IN INK OR TYPE ALL ENTRIES

### A DRUG SCHEDULES (Check ☒ All Applicable)

- ☐ (1) SCHEDULE I  
☐ (2) SCHEDULE II, NARCOTIC  
☐ (2N) SCHEDULE II, NONNARCOTIC  
☐ (3) SCHEDULE III, NARCOTIC  
☐ (3N) SCHEDULE III, NONNARCOTIC  
☐ (4) SCHEDULE IV  
☐ (5) SCHEDULE V

### B

CURRENT BOARD LICENSE NO.  
(Not DPS Registration Number)

### C

CURRENT FEDERAL (DEA)  
REGISTRATION NO. IF ANY

APPLICANT'S NAME

BUSINESS STREET ADDRESS (PO BOX ONLY, WILL NOT BE ACCEPTED)

CITY

STATE

ZIP

COUNTY

**D** CHECK THIS BOX IF APPLICANT IS EXEMPT FROM PAYMENT OF REGISTRATION FEE → ☐  
If checked, also complete **Part IV, Item G** on back of this form.

## PART III QUESTIONS AND AUTHORIZING SIGNATURE

### E ANSWER THE FOLLOWING QUESTIONS

1. Has the applicant been convicted of or placed on community supervision or other probation for a felony, a violation of Health and Safety Code, Chapters 481-485, or another offense reasonably related to the registration sought? ☐ YES ☒ NO
2. Has any previous registration held by the applicant, corporation, firm, partner, officer or stockholder of the applicant under the Texas or Federal CSA been surrendered, revoked, denied or is any such action pending? ☐ YES ☒ NO
3. IF THE APPLICANT IS A CORPORATION, ASSOCIATION OR PARTNERSHIP, THE FOLLOWING MUST BE ANSWERED.  
Has any officer, partner or stockholder been convicted of a felony, a violation of Health and Safety Code, Chapters 481-485, or another offense reasonably related to the registration sought? ☐ YES ☒ NO

If the answer to a question is YES, attach a letter setting forth the circumstances of such action. If the circumstances have not changed since your last renewal application and a letter has previously been submitted, a new letter is not required.

### F SIGN AND DATE HERE

SIGNATURE OF APPLICANT OR AUTHORIZED  
INDIVIDUAL (Must be signed by Administrator if  
Hospital or Pharmacist-in-Charge if Pharmacy;  
No Stamped Signatures)

5-24-04  
DATE  
SIGNED

Director  
TITLE (If the applicant is a corporation, institution,  
or other entity, enter the TITLE of the person signing  
on behalf of the applicant, e.g. President, Dean,  
Pharmacist-in-Charge, Procurement Officer, etc.)

(915) 771-5702  
APPLICANT'S BUSINESS  
TELEPHONE NUMBER

**NOTICE:** Signature of applicant or authorized individual further grants the director or his designee the right to enter and to inspect the controlled premises or any records required to be kept by the Texas Controlled Substances Act.

## PART IV PROVISIONS APPLICABLE ONLY TO A CLAIM OF GOVERNMENTAL EXEMPTION

### **G** CERTIFICATION OF EXEMPTION FROM FEE (COMPLETE ONLY IF NOT EXEMPT LAST YEAR OR IF CHANGE IN AGENCY HAS OCCURRED).

ONLY AN OFFICER, EMPLOYEE, OR AGENT OF, OR A UNIT OF FEDERAL, STATE OR LOCAL GOVERNMENT IS EXEMPT FROM PAYMENT OF REGISTRATION FEE. ADDRESS MUST CLEARLY REFLECT THE GOVERNMENTAL OR STATE AGENCY BY WHICH AN APPLICANT IS EMPLOYED. EXEMPTION AUTHORIZES APPLICANT TO HANDLE CONTROLLED SUBSTANCES AT EXEMPT LOCATION ONLY.

1. Name of governmental unit by whom applicant is employed.  
(e.g. U.S. Public Health Service, Texas Department of Mental Health and Mental Retardation, University of Texas, Harris County Hospital, Dallas City Health Clinic, etc.) El Paso City County Health & Environmental District
2. Is the person whose signature appears in **Item F** authorized to obtain from official stock, dispense, administer, or conduct research, instructional activities or chemical analyses with controlled substances listed in Part I or Part II? ☒ Yes ☐ No
3. Is the person authorized to purchase controlled substances listed in Part I or Part II? ☒ Yes ☐ No

Signature of applicant's certifying superior

Joe Wardy  
Printed name of certifying superior

Mayor, City of El Paso

Official title of applicant's certifying superior

APPROVED AS TO FORM:

Date Signed

Teresa Garcia, Asst. City Atty.

## PART V STATE GOVERNMENT PRIVACY POLICY

Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES.

- 1) with few exceptions, an individual is entitled to be informed about information that a state governmental body collects about an individual;
- 2) an individual is entitled to receive and review the information, and
- 3) an individual is entitled to have the state governmental body correct information about the individual that is incorrect.

## PART VI INSTRUCTIONS FOR COMPLETING THIS FORM

Form NAR-78, Application for Renewal, is used to renew your certificate of registration issued by the Texas Department of Public Safety under the Texas Controlled Substances Act.

- A. Review **Part I**, the top portion of the front page. If all information is current and correct as indicated, you only need to complete **Item E**, sign and date your application for renewal, **Item F**, and refer to mailing instructions.
- B. After reviewing **Part I**, if any information is no longer current or correct, you must complete **Part II** in detail, (for example):
  - (1) Change in name (name must be same as you are licensed with your licensing board or Drug Enforcement Administration).
  - (2) Change in business address (the address of your principal place of business must be indicated. PO Box only will not be accepted).
  - (3) Change in Drug Schedules (**Item A**).
  - (4) Change in State Board License Number (**Item B**).
  - (5) Change in Drug Enforcement Administration Registration Number (**Item C**).
- C. You may or may not be exempt from fee.
  - (1) If you previously claimed exemption and completed **Item G** and no changes have occurred, you do not need to complete **Item G**.
  - (2) If you previously paid a registration fee and are now exempt from payment of fee, **Item G** must be completed in detail.
  - (3) If you are no longer exempt from payment of registration fee, the required registration fee must be included with Form NAR-78.
  - (4) If exempt with one agency and you changed agencies, **Item G** must be completed.
- D. After all changes are made, complete **Part III**, **Item E**, sign and date your application for renewal, **Item F**, and refer to mailing instructions.
- E. **Mailing Instructions:**  
Return Form NAR-78 with the required registration fee, unless exempt from payment of fee, in the enclosed pre-addressed envelope. Original form must be received, a photocopy of the form will not be accepted.
- F. The registration fee must be a personal, business, certified, or cashier's check, or money order made payable to the: "Texas Department of Public Safety."

### Timely Action By DPS:

- (1) The director shall approve or deny a completed application within 60 days of receipt.
- (2) The director shall notify an applicant in writing within 60 days of receipt of an application that: (a) the application is complete and accepted for filing; or (b) the application is deficient or incomplete.
- (3) The director will not issue a notice that an application for renewal is complete and accepted for filing since the existing registration remains in effect until the director has made a final determination of the application for renewal.

Mail to:

Controlled Substances Registration MSC 0438  
Texas Department of Public Safety  
Box 15999  
Austin, Texas 78761-5999

Telephone number (512) 424-2188